

**BOY SCOUT TROOP 31 ACTIVITY
CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN**

ACTIVITY: **Swim Test and Swimming Requirements** **COST: \$8.00**

DATE(S): FROM: **03/20/16** TO: **03/20/16**

LOCATION: **Easton Area YMCA**

DEPARTURE INFORMATION: **We will meet at the YMCA at 11:30am to get ready**

PICK UP INFORMATION: **We will be done at the YMCA at 2pm.**

Scout's First Name: _____ **Last Name** _____

Address: _____ **Birth date:** ___/___/___ **Age during activity:** ___

City: _____ **State:** _____ **Zip:** _____

Allergies: Yes No **If Yes, describe:**

List any conditions that apply to scout:

Sensitivity/Reaction to medications, drugs, etc. Yes No **If Yes, describe:**

HOLD HARMLESS AGREEMENT

I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties or other organizations associated with the activity from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment including hospitalization, anesthesia, surgery or injections of medication for my child. Medical providers are authorized disclose to the adult in charge examination findings, test results and treatment provided for purposes of medical evaluation of the participant, follow and communication with the participant's parents or guardian, and/or determination of the participants ability to continue in the program activities.

Scout's Signature: _____ **Date:** _____

Parent Guardian Printed Name: _____

Parent/Guardian Signature: _____

Phone Number (best contact & emergency #)(_____) _____

Email (for using is sharing more details about activity): _____

✂-----**Cut Here & Keep for Your**

Reference !-----

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SPECIAL INSTRUCTIONS: please come prepared to swim with swim suit and towel

Contact the adult leader listed below with any questions:

Name: Tom Mattis **Phone:** 610-349-1620 **Email:** work4aliv@gmail.com